S. No. 2
M—2-43
5-17-39
-1 X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944

Registration District No. 140

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37884

Primary Registration District No. 3024

Registrar's No. 64

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community one month

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL")
(d) Street No. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Sarah Elizabeth Clark

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Robert Cyrus Clark

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 8 (Day) 1854 (Year)

8. AGE: Years 90 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Howard Co. Mo. (City, town, or county) U (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Benjamin Franklin Howard
13. Birthplace Howard County Missouri (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name Lavinia Bridges
15. Birthplace Saline County Missouri (City, town, or county) U (State or foreign country)

16. (a) Informant Elnora Clark
(b) Address 318 S Main Fayette, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/44 (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery Fayette

18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Missouri

19. (a) 10-13-1944 (Date received local registrar) (b) Ernest McMillan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th year 1944 hour 3:00 minute p M.

21. I hereby certify that I attended the deceased from 10-2- 1944 to 10-12 1944 that I last saw her alive on 10-12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchitis	1 wk
Pneumonia (Hypostatic)	
Due to Myocarditis	7 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo.
While at work? (Specify type of place) (e) Means of injury

23. Signature Wm Bloom (M. D. or other) M.D.
Address Fayette Mo Date signed 10-13-44

1319

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-15-70

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.